

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County	Marries		Registration District No.	543	File No.
Township	Boone		Primary Registration District No.	5734	Registered No.
or					
Village					
or					
City	(NO. _____) _____		St.		Ward
FULL NAME			Olin West		
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	MARRIAGE STATUS	DATE OF DEATH		
Female	White	Widowed	Dec 1, 1912		
DATE OF BIRTH			(Month) (Day) (Year)		
May 20, 1878					
AGE			I HEREBY CERTIFY, that I attended deceased from		
77 yrs. 6 mos. 3 ds.			Nov 7, 1912, to Jan 28, 1912,		
OCCUPATION			that I last saw him alive on Dec 1, 1912,		
(a) Trade, profession, or particular kind of work			and that death occurred, on the date stated above, at 10 a.m.		
Housewife			The CAUSE OF DEATH* was as follows:		
(b) General nature of industry, business, or establishment in which employed (or employer)			Crown Throatitis		
BIRTHPLACE			Leading up to a Heart Failure		
(City or town, State or foreign country)			1065		
Blount Co. East Tenn			(Duration) 10 yrs. 1 mos. 8 ds.		
PARENTS	NAME OF FATHER		Contributory		
	BIRTHPLACE OF FATHER		(SECONDARY)		
	MAIDEN NAME OF MOTHER		(Duration) 10 yrs. 1 mos. 8 ds.		
	BIRTHPLACE OF MOTHER		(Signed) W. G. L. L. L. L. M. D.		
Blount Co. East Tenn		Blount Co. East Tenn		Dec 1, 1912 (Address) Nashville, Tenn	
Morganth L. L. L.		State of Tenn		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
Blount Co. East Tenn		Somewhere		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
(Informant) Katie Burns				Where was disease contracted if not at place of death _____	
(ADDRESS) Nashville, Mo.				Former or usual residence _____	
Filed Jan 8, 1913		G. H. Kurtman		PLACE OF BURIAL OR REMOVAL	
REGISTRAR				Stokesbury, Md.	
				DATE OF BURIAL	
				12-6-1912	
				UNDERTAKER	
				H. H. Shoop	
				ADDRESS	
				Nashville, Mo.	

# United States Standard Certificate of Death

[U. S. Census and American Public Health  
Association]

**of occupation.**—Precise statement of occupation is important, so that the relative healthful pursuits can be known. The question of each and every person, irrespective of his or her occupations a single word or term on which will be sufficient, e. g., *Farmer* or *Planter*, *Composer*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But in many cases in industrial employments, it is necessary to state (a) the kind of work and also (b) the business or industry, and therefore an example is provided for the latter statement; it is only when needed. As examples: (a) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (b) *Automobile factory*. The material in this form part of the second statement. "Laborer," "Foreman," "Manager,"

without more precise specification, as *Farm laborer*, *Laborer—Coal mine*, etc. For those who are engaged in the duties of the *Housekeeper* (not paid *Housekeepers* who receive a salary, may be entered as *Housewife*, *Housemaid*, and children, not gainfully employed, *At home*. Care should be taken to report the occupations of persons engaged in the service for wages, as *Servant*, *Cook*, *Housemaid*. If occupation has been changed or given of the DISEASE CAUSING DEATH, state occasioning of illness. If retired from business may be indicated thus: *Farmer (retired)*. For persons who have no occupation *None*.

**of cause of death.**—Name, first, the **DEATH** (the primary affection with remote causation), using always the same word for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic meningitis"); *Diphtheria* (avoid use of *throat fever* (never report "Typhoid Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); *Tuberculosis of lungs, peritoneum*, etc., *Carcinoma*; *Sar-*

*coma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

